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Michigan's Medicaid Drug Process Improved

Lansing – The state's Pharmaceutical Best Practices Initiative for Medicaid was recently updated and improved by two measures sponsored by Sens. Tom George, MD, R-Texas Township, and Bev Hammerstrom, R-Temperance, and now signed by the governor.

The plan, in place since February 2002, utilizes a preferred drug list and prior authorization program for Medicaid beneficiaries.

Public Act 250 of 2004, sponsored by George amends the Public Health Code to revise composition of the Michigan Pharmacy and Therapeutics Committee which reviews new and existing prescription medications for inclusion on the state's Preferred Drug List.

"By placing this process and the Pharmacy and Therapeutics Committee in statute, we are establishing a known entity, which will require legislative action to alter," George said. "We have made some important modifications to the membership of the committee, and created ways for the department and providers to communicate more efficiently that will undoubtedly result in improved patient care."

Public Act 248 of 2004, sponsored by Hammerstrom, exempts certain classes of drugs, as well as select medications used for specific disease treatment from the Best Practices Initiative. Under the new law, prescriptions in the following classes would be permanently exempt from placement on the Preferred Drug List and, therefore, from any type of prior authorization: antipsychotics, antidepressants, anticonvulsants, and antianxiety medications. In addition, any drug necessary to treat HIV/AIDS, cancer, epilepsy or seizure disorder, and organ replacement therapy, or symptoms of these diseases is also exempt.

Hammerstrom, chair of the Senate Health Policy Committee, sees PA 248 as necessary protection for the state's most vulnerable citizens.

"This law will ensure these classes of drugs remain available – without restrictions – to those who need them," Hammerstrom said. "I understand the Best Practices Initiative is essential in helping the state control prescription drug costs, but it was never intended to force very sick individuals, or their physicians, to jump through hoops to obtain medications."